



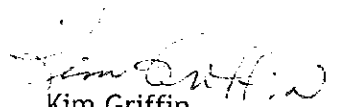
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Redwood City, CA 94063

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A G E N D A
SEQUOIA HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING
4:30, Wednesday, October 5, Conference Room
525 Veterans Boulevard
Redwood City, CA 94063

1. Call To Order And Roll Call
2. Public Comment On Non-Agenda Items*
- ACTION 3. Consent Calendar - President Griffin
 - a. Approve August 3, 2011 Regular Meeting Minutes
 - b. Approve August 23, 2011 Special Meeting Minutes
 - c. Approve September 27, 2011 Special Meeting Minutes
 - d. Accept July and August 2011 Financial Statements
4. CEO/Staff Reports - Mr. Michelson
5. New Business
 - a. Presentation By Mission Hospice Organization On Proposal To Establish A Mission Home Facility In San Mateo County - Mr. Dwight Wilson
 - b. Update: Community Grants Program - Mr. Michelson
 - ACTION c. Consider Adopting Revised Mission Statement & Strategic Plan Goals- President Griffin & Mr. Michelson
 - ACTION d. Consider Funding Up To \$25,000 For A Pilot Project Regarding Chronic Disease Management - Mr. Michelson
6. Adjourn. The Next Regular Meeting Of The Board Of Directors Of Sequoia Healthcare District Is Scheduled For 4:30 PM, Wednesday, December 7, 2011, District Conference Room, 525 Veterans Blvd., Redwood City, CA 94063


Kim Griffin
Board President

*Public comment will be taken for each agenda item prior to the board's consideration on that item.

Any writings or documents provided to a majority of the Board of Directors regarding any item on this agenda will be made available for public inspection at the District office, 525 Veterans Blvd., Redwood City, CA, during normal business hours. Please telephone 650-421-2155 to arrange an appointment.

If you are an individual with a disability and need an accommodation to participate in this meeting, please contact Sequoia Healthcare District at least 48-hours in advance at 650-421-2155.

**MINUTES OF REGULAR MEETING
BOARD OF DIRECTORS
SEQUOIA HEALTHCARE DISTRICT
August 3, 2011
Conference Room, 525 Veterans Boulevard
Redwood City, CA 94063**

Directors Present

Director Faro
Director Griffin
Director Hickey
Director Kane
Director Shefren*
* By teleconference

Directors Excused

DRAFT

Also Present

Mr. Michelson, CEO
Mr. Hudak, Legal Counsel
Ms. Johnson, Recorder

1. Call to Order

By: President Griffin
Time: 4:30pm

2. Public Comment/Non-Agenda Items

Barbara Bonilla of the San Mateo County Sheriff's Activities League, introduced Coach Brian Mansell and several members of the South County Soccer Program. The team is supported, in large part, by a District grant. Team members presented the Board with a team photo and expressed their thanks. The team captain read a statement about the importance of the soccer program which also stresses academics and healthy eating habits.

3.a. - 3.c. Consent Calendar

Director Hickey requested that the June 1st minutes be removed from the Consent Calendar.

Motion: To approve the remaining items (June 28th minutes and May-June financial statements) on the Consent Calendar.

By: Director Kane
Seconded by: Director Faro
Roll Call Vote: 5-0-0
Motion Passed

With respect to the Nursing Program Status Update under June 1st minutes, Director Hickey said they were incorrect as the program did not meet all its benchmark goals regarding employment of nursing graduates working within the District. Mr. Michelson replied that there is no employment benchmark for the program.

Motion: To approve the June 1st minutes amended to add comment that Director Hickey stated that there should be a benchmark as to the number of student nurses hired within the District.

By: Director Kane
Seconded by: Director Faro
Roll Call Vote: 4-1-0 Director Hickey opposed
Motion Passed

Director Hickey requested more detailed financial information for the HeartSafe and School Health Initiative programs.

4. CEO/Staff Reports

In addition to the Michelson's written report, he announced that he recently completed a course at Stanford in disease management. At the next board meeting, he will make a formal report on Chronic Disease Management program.

Healthy Schools Initiative: Ms. Kurtzman again introduced Jennifer Gabet, who recently started her new position as nutritionist in conjunction with the Healthy Schools program.

HeartSafe: Mr. Nielsen announced that next Tuesday at 9:00 AM, the Board of Supervisors will recognize five years of the District's HeartSafe Program. There will also be a demonstration of the Lucas Device.

At this time, Mr. Don Shoecraft previewed a video he produced to add to the District's web site on the Adaptive PE program at the Senior's Veterans Memorial Center in Redwood City.

5. Adjourn to Closed Session

Motion: At 5:10 PM adjourn to Closed Session.

By: Director Griffin

Seconded by: Director Kane

Roll Call Vote: 5-0-0

Motion Passed

6. Reconvene to Open Session

Reconvene to Open Session at 5:30.

Mr. Hudak, legal counsel, reported that as to Item 5.a, on a motion made by President Griffin and seconded by Director Kane, the Board approved a final settlement of potential litigation with Catholic Healthcare West and stated the substance of the settlement terms. The roll call vote was in favor of this action 5-0-0.

As to Item 5.b, legal counsel reported that the Board had concluded negotiations with the Chief Executive Officer and on a motion made by Director Faro and seconded by Director Kane, set his salary at \$159,500 for the current employment year, retroactive to his anniversary date. The roll call vote was four in favor (Directors Griffin, Kane, Faro and Shefren) and one opposed (Director Hickey).

7. Adjourn

Motion: At 5:35 PM adjourn meeting.

By: Director Kane

Seconded by: Director Faro

Roll Call Vote: 5-0-0

Motion Passed

The next regular meeting of the Board of Directors of Sequoia Healthcare District is scheduled for 4:30 PM, Wednesday, October 5, 2011, District Conference Room, 525 Veterans Blvd., Redwood City, CA.

Respectfully Submitted,

Kathleen Kane
Secretary

**MINUTES OF SPECIAL MEETING
BOARD OF DIRECTORS
SEQUOIA HEALTHCARE DISTRICT
August 23, 2011
Conference Room, 525 Veterans Boulevard
Redwood City, CA 94063**

Directors Present

Director Faro
Director Griffin
Director Hickey
Director Kane
Director Shefren

Directors Excused

DRAFT

Also Present

Mr. Michelson, CEO
Mr. Hudak, Legal Counsel
Ms. Johnson, Recorder

1. Call to Order

By: President Griffin
Time: 9:05 AM

2. Public Comment/Non-Agenda Items

There was no public comment.

3.a. Strategic Plan Review/Discussion

Mr. Michelson discussed changes that have occurred within the County and District since the adoption of the Strategic Plan in October of 2008. Population and tax revenue remain about the same; however, unemployment has increased by more than 2 percent and the County's budget has decreased.

Nonprofit partners operating programs under district funding report that the number of first-time clients they are serving is higher than before, meaning more people are entering the social services system than before.

Directors reviewed the District's Mission Statement and the status of each of the Strategic Plan goals adopted in 2008.

Upon completion of the review and discussion, staff was directed to incorporate directors' comments and suggestions and provide recommendations at a special planning meeting at 9:00 AM on Tuesday, September 27.

4. Adjourn

Motion: At 11:00 AM adjourn meeting.

By: Director Faro

Seconded by: Director Shefren

Vote: 5-0-0

Motion Passed

The next regular meeting of the Board of Directors of Sequoia Healthcare District is scheduled for 4:30 PM, Wednesday, October 5, 2011, District Conference Room, 525 Veterans Blvd., Redwood City, CA.

Respectfully Submitted,

Kathleen Kane
Secretary

**MINUTES OF SPECIAL MEETING
BOARD OF DIRECTORS
SEQUOIA HEALTHCARE DISTRICT
September 27, 2011
Conference Room, 525 Veterans Boulevard
Redwood City, CA 94063**

Directors Present

Director Faro
Director Griffin
Director Hickey
Director Kane
Director Shefren

Directors Excused

Also Present

Mr. Michelson, CEO
Ms. Johnson, Recorder

1. Call to Order

By: President Griffin
Time: 9:05 AM

2. Public Comment/Non-Agenda Items

Director Hickey read from a 1946 petition for the organization of Sequoia Hospital District for the purpose of establishing a hospital to provide medical service, and he requested that the petition be included in the record of this meeting.

Tessa Solomon of Peninsula Family Services spoke to the importance of the services provided to District residents through the Fair Oaks Adult Activity Center programs and thanked the District for its support.

3.a. Strategic Plan Review/Discussion

The Board continued its review of the Mission Statement and Strategic Plan Goals as discussed at the August 23 meeting. Staff will incorporate additional revisions to be submitted for consideration at next week's regularly scheduled meeting.

**4. Discussion Regarding Reserves, EBIDA & Procedures
Regarding Major Initiatives**

Three topics not addressed in the 2008 Strategic Plan are use of District reserves, EBIDA income, and funding guidelines for major gifts.

The Board requested that reserves be discussed further at the December 7th meeting in conjunction with the annual review of District investments. Mr. Michelson will research reserve policies of other local government agencies.

EBIDA is currently added to annual income thereby increasing the amount of District support for community health programs. There were no suggestions to change this practice at this time. An overview of the Development Agreement will be arranged at a future date.

The Board requested Mr. Michelson draft a policy and review procedures for grant requests in excess of \$100,000.

5. Adjourn

Motion: At 10:45 AM adjourn meeting.
By: Director Hickey
Seconded by: Director Faro
Vote: 5-0-0
Motion Passed

The next regular meeting of the Board of Directors of Sequoia Healthcare District is scheduled for 4:30 PM, Wednesday, October 5, 2011, District Conference Room, 525 Veterans Blvd., Redwood City, CA.

Respectfully Submitted,

Kathleen Kane
Secretary

[illegible]

SEQUOIA HEALTHCARE DISTRICT
Income Statements

Agenda Item No.3.d
Board of Directors Meeting
10/05/11

	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Budget 11-12
INCOME														
Rental Income	3,164.70	3,291.29											6,455.99	39,490.00
Tax Revenue	0.00	0.95											0.95	7,950,000.00
Investment Income	87,043.00	15,377.00											102,420.00	600,000.00
ROI-Sequoia Hospital EBIDA	0.00	0.00											0.00	2,600,000.00
Interest Income	835.61	728.43											1,564.04	7,600.00
Pension Income	0.00	0.00											0.00	2,500,000.00
Total Income	91,043.31	19,397.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110,440.98	13,697,090.00
EXPENSES														
Administrative Expenses														
Admin. Expense	14,149.61	26,095.35											40,244.96	210,000.00
Board Health Insurance	2,895.79	2,895.79											5,791.58	72,000.00
Employee Health Insurance	1,996.14	2,660.58											4,656.72	29,000.00
Employee Retirement Benefit	1,051.33	2,207.02											3,258.35	15,000.00
Investment Fees	0.00	1,500.02											1,500.02	60,000.00
Office Supplies/Equip Maint	71.04	1,013.40											1,084.44	7,500.00
Purchase Services	0.00	0.00											0.00	2,500.00
Accounting fees	0.00	0.00											0.00	17,500.00
Board Expense	0.00	52.05											52.05	10,000.00
Associations/Membership	0.00	15,000.00											15,000.00	16,000.00
Communications	0.00	500.00											500.00	20,000.00
Public Relations	4,200.00	4,200.00											8,400.00	50,000.00
Web Site/IT	865.00	700.02											1,565.02	15,000.00
Pension Plan	0.00	0.00											0.00	2,500,000.00
Insurance/D&O	26,587.04	(9,762.44)											16,824.60	23,000.00
Election Fees	0.00	0.00											0.00	-
LAFCO fees	0.00	0.00											0.00	8,000.00
Legal Fees	0.00	509.50											509.50	30,000.00
Bank Fees	0.00	10.00											10.00	100.00
Total Admin. Expenses	51,815.95	47,581.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	99,397.24	3,085,600.00
Property Expenses														
Maintenance	125.00	1,445.00											1,570.00	25,000.00
Utilities	0.00	2,137.37											2,137.37	20,000.00
Property Insurance	1,454.00	0.00											1,454.00	2,000.00
Depreciation	7,454.00	7,454.00											14,908.00	100,000.00
Total Property Expenses	9,033.00	11,036.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,069.37	147,000.00

SEQUOIA HEALTHCARE DISTRICT
Income Statements

Agenda Item No.3.d
Board of Directors Meeting
10/05/11

	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Budget 11-12
Grant Expenses														
Grant Admin Expenses	4,402.20	9,082.09											13,484.29	50,000.00
Children's Health Initiative	675,000.00	0.00											675,000.00	1,350,000.00
SFSU Nursing Program	0.00	0.00											0.00	1,000,000.00
Samaritan House Grant	153,174.00	0.00											153,174.00	612,000.00
Other Grants	0.00	123.89											123.89	50,000.00
Sequoia Hospital Foundation	1,250,000.00	0.00											1,250,000.00	1,250,000.00
San Mateo Medical Ctr.	0.00	0.00											0.00	2,000,000.00
Ravenswood-Belle Haven Clinic	0.00	0.00											0.00	250,000.00
Community Grants Program	0.00	0.00											0.00	1,250,000.00
Total Grant Expenses	2,082,576.20	9,205.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,091,782.18	7,812,000.00
Program Expenses														
HeartSafe Program	5,027.27	13,018.32											18,045.59	200,000.00
School Health Initiative	34,782.32	341,649.84											376,432.16	2,380,000.00
Total Expenses	2,183,234.74	422,491.80											2,605,726.54	13,624,600.00
Net Surplus/Loss	(2,092,191.43)	(403,094.13)											(2,495,285.56)	63,057.00

CEO Report- October 2011

1. We have talked with Samaritan House about a 10 year celebration of the RWC clinic. They have elected to postpone that discussion until after first of year.
2. Don Shoecraft and I are working on the next annual report and should have a draft to show everyone in about a week. The goal is to distribute to households in October.
3. The website has been updated again. We placed our mission statement on the home page and updated the staff page. Will have some more changes coming up soon including a video of a Shelter Network program that we are funding.
4. The Grants committee met this past Friday to discuss policies and evaluation. A full report of this meeting will be made at October Board meeting.
5. October is Breast Cancer Awareness Month. We will be promoting our grant to Samaritan House to hire a breast cancer navigator. We will also be receiving information on local activities associated with Breast Cancer Connections to distribute to community.
6. The third Code Blue Tower should be activated this month. It is located on Woodside Road, next to Woodside Fire. We plan to do AED/ CPR training with local bicycle clubs that ride in Woodside.
7. I met with the Smart Team last week. We have funded them in the past. They are only funded through this December by San Mateo County and will be looking for additional support to get them through January-June. I expect a proposal in November.
8. The audit fieldwork has been completed and we are waiting a draft report. The auditors will be asked to make a formal presentation at the December Board meeting.
9. I am serving on Sequoia Hospital's Community Grants Committee that distributes about \$100,000 to senior based programs. The goal of the program is to reduce re-admissions to the hospital.
10. I attended Redwood City 2020's joint Council/Cabinet meeting. Redwood City 2020 continues to be our partner on the Walking School Bus Program to promote fitness.

11. The December Board meeting will focus on financial reporting and management. We will review our investment policies at that meeting.
12. The Dine-Out event for Meals on Wheels is on October 4.
13. I have become a First 5 Commissioner, appointed by Don Horsley. I serve on the strategic planning committee.
14. Community events attendance include events for the following: CORA, 4 C's, Shelter Network , Peninsula Family Services, Boys and Girls Clubs and NAMI.



Healthy Schools Initiative

Activity Summary for August- September 2011

I. Nutrition Services

Report by Jennifer Gabet- Priority Areas for FY 11-12

Priority Area 1: Coordination and Collaboration

Goal: Garden Planning Grant - Lead a garden-based nutrition education planning process that will engage stakeholders to collaborate on service delivery, efficiency, and partnerships for 1) sustainable school gardens, 2) healthy school food system, and 3) garden-based nutrition education and promotion for schools, staff, students, families, and communities.

Objectives:

1. Create garden planning grant proposal - 8/2011 - 9/2011
2. Facilitate planning process and create strategic plan - 10/2011 - 3/2012
3. Write proposal for school garden/nutrition funding - 4/2012 - 6/2012

Status:

Jennifer met with key stakeholders to discuss priorities, assess interest and gather background information to create the proposal and to develop technical support plan.

- 8/9/11 - Meeting with Pat Brown, Redwood City 2020
- 8/23/11 - Meeting with Dr. Scott Morrow and Jennifer Gross, San Mateo County Health System (with Pamela Kurtzman)
- 8/30/11 - Meeting with Kris Jensen, Collective Roots (with Pamela Kurtzman)
- 9/6/11 - Meeting with Marie Violet, Sequoia Hospital Health & Wellness
- 9/9/11 - Meeting with School District Wellness Coordinators
- 9/13/11 - Meeting with Kris Jensen and Eron Sandler, Collective Roots
- 9/16/11 - Meeting with Marilyn Johns and Margo Lark, University of California Cooperative Extension
- 9/20/11 - Meeting with Carol Lashman, Redwood City Education Foundation
- 9/21/11 - Meeting with Carolyn Wittman, Redwood High School
- 9/23/11 - Meeting with Brian Lau, Star Vista, Teen Resource Center, Sequoia High School
- 9/23/11 - meeting with Thea Runyan, Belmont-Redwood Shores School District, and observation of Stoptlight Nutrition and Lunch program at Nesbit Elementary School

Priority Area 2: Technical Support

Goal: Support Healthy Schools Initiative Grantees and Community Grantees to improve efficiency and effectiveness of nutrition services through training, resources, technical assistance, evaluation, and social marketing efforts.

Objectives:

1. Determine school district and community grantee priority areas for nutrition services - 8/2011 - 9/2011
2. Develop technical support plan for 2011-12 year - 9/2011
3. Implement and evaluate technical support components.

Priority Area 3: Communicate and Report

Goal: Expand awareness of food, garden, and nutrition services efforts being conducted by Sequoia Healthcare District and Healthy Schools Initiative, support partners and collaborate with partners to achieve common goal

Objectives:

1. Website - Provide updates and information for the website.
2. Marketing & PR - Help develop marketing and public relations pieces.
3. Committees - Serve on relevant committees.
4. Meetings - Meet with CEO, Director, partners, agencies, and grantees
5. Reports - Write internal and external reports.

Status:

See meetings above.

9/12/11 - Beverages in Child Care, San Mateo County Child Care Advisory Committee

Priority Area 4: Professional Development

Goal: Maintain RD continuing education credits and improve ability to deliver nutrition services within Sequoia Healthcare District.

Objectives:

1. Increase knowledge of school garden, farm to school, and school health initiatives
2. Improve facilitation skills, public speaking skills, and teaching skills
3. Enhance culinary skills
4. Improve evaluation and research capability
5. Develop marketing and public relations skills

Status:

9/14/11 - Attended Bay Area Nutrition and Physical Activity Collaborative meeting. The meeting featured speakers on healthy food and beverage policies, USDA MyPlate, Food Day, Let's Move! Campaign, and promising best practices.

9/17/11 - 9/18/11 - Jennifer attended International Green Schoolyard Conference in San Francisco and Berkeley, California. At the conference, speakers from England, Canada, Sweden, and Japan discussed ways to improve schoolyards for improved physical activity opportunities, outdoor experiences and learning opportunities, greening of schoolyards, mental health and positive social interactions, and edible gardens. The conference provided tours of multiple featured sites in San Francisco and Berkeley.

NUTRITION OBJECTIVES LISTED IN HSI PROPOSAL AND POTENTIAL METHODS

CATEGORY	OBJECTIVES	POTENTIAL METHODS
WELLNESS POLICY	Assist schools in developing and complying with mandated school wellness policies.	<ul style="list-style-type: none">• Presentations and training for administration, school boards• Committee participation• Written materials available for teachers and parents - website linkages/updates• Presentations for teachers and parents, e.g., staff meetings, PTA, parent coffees
PROMOTIONAL CAMPAIGNS	<p>Assist schools in implementing school-wide promotional campaigns encouraging healthy diets.</p> <p>Implement a high quality nutrition education campaign for students and their families to select and enjoy healthy food.</p>	<ul style="list-style-type: none">• Logo and tagline on materials• Posters and signs, poster contests• Promotional items, e.g. water bottles, bags• Assemblies and fieldtrips• Events<ul style="list-style-type: none">○ Existing school events○ Family Health Nights○ Health Fairs - tabling

		<ul style="list-style-type: none"> • Partner with other campaigns • PSA's: short messages provided to students before meals and snacks and over the loud speakers – teacher “commercials”, student messages
NUTRITION EDUCATION RESOURCES	<p>Provide resources that enable schools to provide high quality nutrition and health education.</p>	<ul style="list-style-type: none"> • Curriculum – including new technology • Training and technical assistance for staff • Staff wellness programs • Presentations to youth and families • Taste testing programs • Cooking programs • Newsletters, tip sheets, websites
MEALS	<p>Provide resources that enable schools to implement a quality school meals program.</p> <p>Provide access to a variety of nutritious, culturally appropriate, good tasting foods (and beverages/water).</p>	<ul style="list-style-type: none"> • Coordinated meal programs & breakfast • Timing of meals – Breakfast in the classroom; Lunch after recess • Increase/improve produce available <ul style="list-style-type: none"> ○ Farm to School, local produce ○ Salad bars ○ Produce presentation - signs ○ New recipes, mixed dishes • Increase whole grains available • Scratch cooking
SNACKS CELEBRATIONS FUNDRAISING	<p>Help ensure that students have appealing, healthy choices in foods and beverages offered outside of the schools meals program.</p>	<ul style="list-style-type: none"> • Snack programs – e.g., fruit available for snacks/breakfast, water • Healthy celebrations, rewards, fundraisers • Snack cart and store makeovers
GARDENS	<p>Increase the number of “sustainable” school gardens at local schools.</p> <p>Increase garden-based nutrition education programming at schools.</p>	<ul style="list-style-type: none"> • Collaboration and planning - agencies, schools, parents, communities • Increase development of gardens • Improve coordination of programming • Sustainability plan and index • Creative and leveraged funding – e.g. sponsorship program with businesses • Community access to school land – joint use agreements • Demonstration and training gardens
FARMERS' MARKETS	<p>Bring farmer's markets to low resource, low income neighborhoods.</p>	<ul style="list-style-type: none"> • Farm stand programs • Produce Mobile – Second Harvest Food Bank
NUTRITION COUNSELING	<p>Provide screening, assessment, counseling, and referral for nutrition problems and the provision of modified meals for students with special needs.</p>	<ul style="list-style-type: none"> • Nurse training • School counselor training

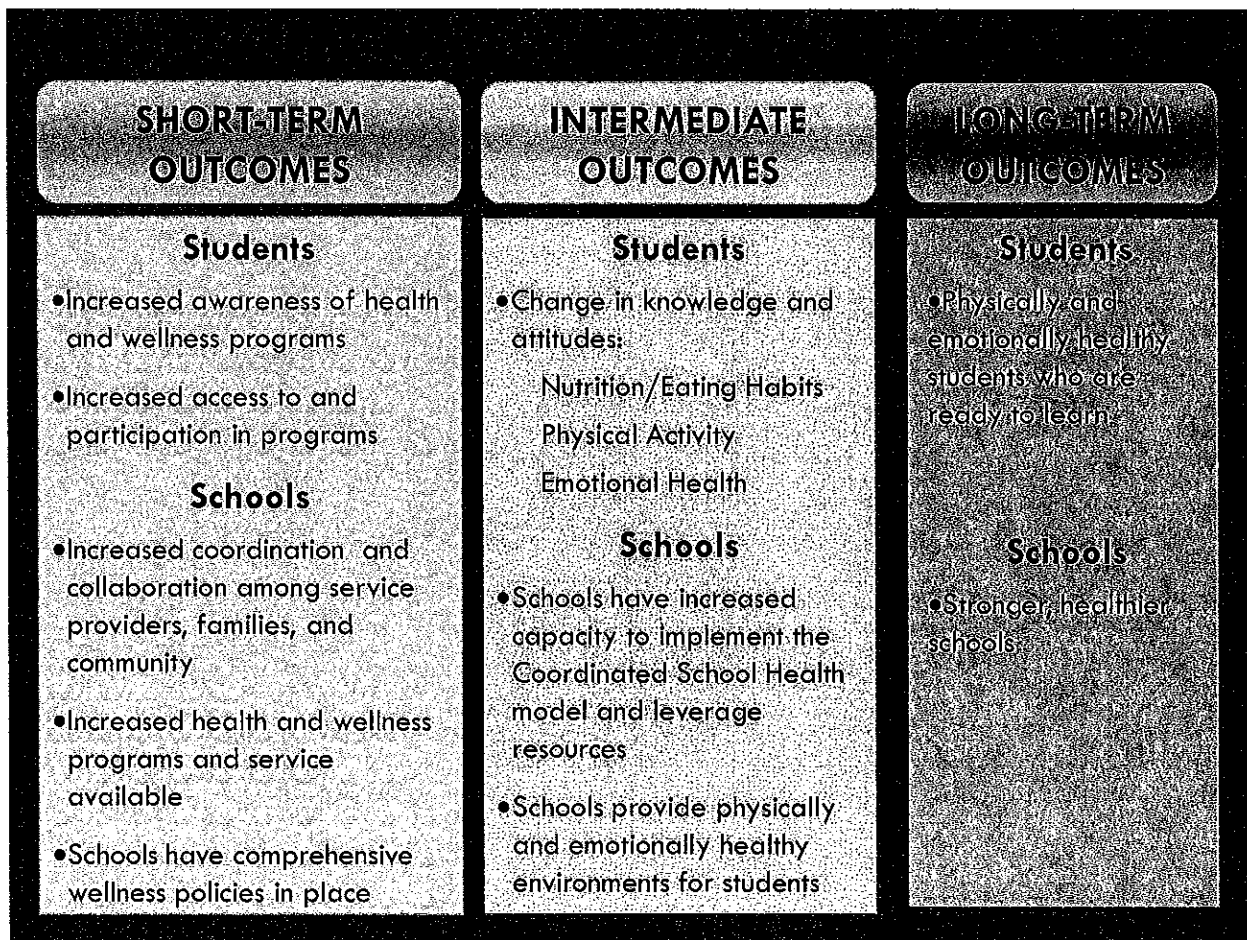
II. Physical Education and Physical Activity

Opportunities for physical activity and physical education are beginning to be addressed within HSI, however schools in Redwood City and Belmont- Redwood Shores School Districts are not meeting the federal PE requirement at the K-5 grade levels.

- I have met with potential planning committee members to help advise on the development of a comprehensive and sustainable physical education curriculum and physical activity program that can be implemented at K-5 partner schools where needed. Members consist of representatives from the Redwood City and Belmont School Districts, Peninsula Community Center, Playworks, Spark and 2 local fitness facilities to gather ideas, assess costs, and potential partnerships. There are two proposals pending and more planning and research still needs to be done in this area.
- Currently contracting with Serve the Peninsula and Peninsula Community Center to provide PE services to all K-5 grade students in 7 schools in Redwood City.

III. John Garner Center

On September 9, JGC met with Superintendents and Wellness Coordinators from each school district to review Healthy Schools Initiative goals, discuss preliminary findings across districts, explain study scope and potential benefits, discuss proposed research questions, seek district commitment to data collection, and to agree on next steps. Given the developmental stage of this initiative, research questions will focus on short-term outcomes shown in the Logic Model below:



This Logic Model is well aligned with and contributed to HSI priorities. Both short-term (increased programs and services) and intermediate-term (ultimately to influence student knowledge, attitudes and behavior)

Preliminary findings across districts:

- Schools across all districts reported engaging families and community organizations in health and wellness activities.
- Schools identified a need for enhanced communication and coordination of these services
- There is a need for increased support for physical education (PE) programs and increased physical activity programming opportunities at lunch-time
- There is a desire for enhanced nutrition education and programming, with an emphasis on increased collaboration, parent education, school garden projects, and teacher access to relevant curriculum
- The vast majority of schools have a need to expand on-site mental health services

Proposed next steps for JGC:

- October 2011: JGC to meet with school districts to solicit input on school selection and other specific research activities
- November 2011 - February 2012: JGC to engage in data collection in 8 schools/2 per district
- Spring 2012: Data Analysis
- Summer 2012: Report back to partners and plan data collection in additional schools in year three.

IV. School District Activities

Overall, the most remarkable impact we have seen resulting from the Healthy School's Initiative thus far, is with the refinement and board approval of the district wellness policies by the individual school boards. San Carlos, Belmont-Redwood Shores, and Redwood City School Districts each adopted goals for nutrition education, physical activity, and other school-based activities that are designed to promote students' physical and social-emotional well being. Improved guidelines and more rigorous adherence to the wellness policies have dramatically reduced the amount of unhealthy treats and snacks kids are offered at school. Districts have begun to educate students, families, and staff about healthy lifestyles, to include nutritious foods, non-food alternatives for school events, celebrations and activities. Food and beverages served through the school lunch program or by school staff and volunteers during the school day must comply with state and federal nutrition policies, and the use of foods as a reward or the withholding of food and/or physical activity as a punishment for students' academic performance, accomplishments, or classroom behavior is prohibited.

San Carlos

Mary Carbullido who directs the district's Smart E program began work as the District's Wellness Coordinator in August. Mary is continuing the work set in motion by Dr. Lesley Martin, the previous Wellness Director. This year the wellness efforts are focused on three main areas:

1. Administrative regulations for implementation of the District Wellness Policy which was approved by the SCSD Board in September, 2011.

-These regulations will help guide how to best communicate (educate and promote) the Wellness Policy to teachers, students, and their families and how to best impose adherence to the policy.

2. Emotional and Social Wellness

-The "Lifeskills" program was introduced at all 6 schools in the district. The Lifeskills Program focuses on a different age- appropriate theme such as friendship, respect, and cooperation each month to help children develop a strong set of interpersonal and social skills.

3. Parent Education

- Topics will include information on wellness policy and alternatives to unhealthy foods for school celebrations/ fundraisers and Lifeskills Program among many others.

Other Wellness efforts in the District:

- Kid Chow was introduced at all 6 school Sites this year. Kid Chow is a food service vendor that offers kids a choice of over 20 organic, fresh and local hot and cold lunch items a day. The cost per meal is about \$4.35. PTA provides meals for free or at a reduced rate for children who qualify.
 - All 6 schools in the district will participate in Walk to School day on Oct 5
 - Walking paths are being repainted at Central and Tierra Linda Middle Schools
- Please visit the new SCSD Wellness Website- at <http://www.sancarlosschoolwellness.com/>

Belmont- Redwood Shores

Wellness staff is embarking on implementing a new Health Education training program for grades K-5 called the "Body Shop" that will be introduced to staff at Staff Development day in October. The curriculum is age appropriate and covers a wide array of health topics. An overview of the Great Body Shop curriculum- Content by grade level:

Kindergarten: Bullying and Violence Prevention/ Injury and Personal Safety, Nutrition and Physical Fitness, Functions of the Body and Growth and Development, Self Worth, Mental & Emotional Health/ Substance Abuse Prevention and illness Prevention

Grade 1- 3 (number of lessons will vary with age): Bullying and Violence Prevention/ Injury and Personal Safety, Nutrition and Physical Fitness, Functions of the Body and Growth and Development, Self Worth, Mental & Emotional Health/ Substance Abuse Prevention, Illness Prevention

Grade 4-5: Bullying and Violence Prevention/ Injury and Personal Safety, Nutrition and Physical Fitness, Functions of the Body and Growth and Development, Self Worth, Mental & Emotional Health/ Substance Abuse Prevention, Family Life, Growth and Development, HIV/AIDS & Illness Prevention

Grade 5 Project Aware:

Niskayuna CSD Substance Abuse Prevention Curriculum created and taught by certified Health Teachers- Curriculum aims to educate 5th grade students about the risks associated with alcohol, tobacco and other drugs, help 5th grade students identify personal reasons they will remain drug and alcohol free and strategies they can use to help them in doing so, and helps 5th grade students communicate the dangers of drug and alcohol use with others, especially family members, and to encourage others to make healthy choices.

The Wellness Team is also working the following priorities this year:

- Integrate more staff wellness
- Schedule nutrition assemblies this fall at district schools
- Explore ways to promote newly developed guidelines for healthy snacks and healthy celebrations for teachers and parents in 2011/12 school year
- Staff training in childhood obesity, bullying, and conflict resolution scheduled for early in 2011/12 school year
- Support additional parent education to address “hot” topics
- Organize more site-based health fairs
- define additional goals for 2011/12

Redwood City

- New School Wellness Director will begin work on October 3rd
- Using recently completed Gardner Center research and assessment data, I, along with District Deputy Superintendent will work with Wellness Director to refine goals, confirm priorities, and develop action plans for this school year.
- District Wellness Committee continues to work on issues over summer months:
 - Explore ways to conduct separate parent and staff workshops to emphasize the relationship between student health and academic performance
 - Improve school climate and safety
 - Further identify avenues to communicate to school community (parents, staff, students) about the District Wellness Policy to encourage implementation of policy. Some modes will be through posters and a video made by students.
 - Seek more ways to promote consistent health messages between home and school environment

Sequoia Union

- New School Wellness Director, Karen Li, MD, began work on September 16
 - Working with Dr. Li in utilizing Gardner Center research and assessment data to develop priorities, and action plans for year two implementation of HSI at Sequoia Union
 - Karen has been visiting school sites, recruiting site champions, working with, and under the direction of, the new Deputy Superintendent to restructuring wellness committee
 - Working with Food Serve Director to understand Food Service System for the District
 - Dr. Li is working with Teen Resource Center to effectively coordinate programs and services being provided to the Sequoia High School.

V. Other staff activities

- Participate in Get Healthy School Health subcommittee and RWC School District Wellness Committee, Sequoia Union WAC. Get Healthy Advisory Committee
- Joined Toastmasters speaking Club to improve my public speaking skills. Toastmasters meets the 2nd and 4th Wednesday of each month.

- Presented at the Regional Obesity Prevention Program's Healthy School Summit in Fresno. The purpose of the summit was to share information about programs occurring in schools across the state and share best practices that help assure that everyone has access to healthy foods, regular physical activity, and safe places to play and be active.
- Healthy Schools Grants Reception was held on August 18 at Canada College Vista Clubhouse. Thank you to Board members who attended and to Glenn, Lee, and Jennifer for helping out.
- Website- Working with Gwen Hautefeuille to update website for Healthy Schools, adding additional content, photos, links, success stories, etc. Website mock will be ready 9/28/11.



Sequoia Healthcare District – *Healthy Schools Initiative* Cross District Asset Mapping Report July 2011

Background - *Healthy Schools Initiative* and Asset Mapping

The Sequoia Healthcare District (SHD), in collaboration with four local school districts—Belmont-Redwood Shores School District (BRSSD), Redwood City School District (RCSD), San Carlos School District (SCSD), and Sequoia Union High School District (SUHSD)—launched the *Healthy Schools Initiative (HSI)* in August 2010. This three-year initiative is focused on enhancing school health and wellness programs and is based on the Centers for Disease Control's (CDC) Coordinated School Health (CSH) model.¹ HSI's main goals focus on increasing student access to school-based wellness activities and programs; increasing student opportunities for physical activity; improving student nutrition and eating habits; and improving student social-emotional health. Primary strategies for implementing this initiative include funding staff and wellness-related programs; supporting coordination of services; and assisting with wellness policy development in each of the four districts.

In fall 2010, SHD partnered with the John W. Gardner Center for Youth and Their Communities (JGC) at Stanford University to conduct a three-year study of HSI, including an initial asset mapping. JGC developed a tool that was based on existing CDC instruments² and was designed to examine participating schools' alignment to the CSH model and understand their strengths, priorities, and areas for growth in promoting a healthy school culture. We facilitated data collection from 22 schools across the four partner school districts (Appendix, Exhibit A.1) during the 2010-2011 school year. These schools included four large comprehensive high schools, one small alternative high school, twelve elementary schools (grades K-4/5), one K-8 elementary/middle school, and four middle schools (grades 5/6-8). In RCSD, data were collected from each of the four established community schools. In spring 2011, the JGC provided each school district with its own individualized report, detailing school-level programming and including a full set of original data. The JGC will use baseline data from these individual assessments and this cross district analysis to guide research and evaluation efforts. SHD will use the assessment findings to support program planning and coordination.

Report Overview

This final cross district report presents a brief overview of data collected from all 22 schools, and is organized by headings that are aligned with the CSH wellness components. The report highlights themes common across all schools as well as alignment with the CSH model and HSI priorities. It also includes pertinent student demographic, health, and wellness information and cites related research. Overall, the data suggest that school strengths and needs vary more widely within school districts than across districts and were not necessarily tied to variations in schools' demographic characteristics.

Report Findings

Coordination of Services and Family and Community Engagement

Family and Community Engagement: Schools across all four districts work cooperatively with families on health and wellness issues in a variety of ways, including engaging them as volunteers, inviting them to serve on committees, and involving them in parent education activities. Many schools, however, suggested that family involvement could be improved with more opportunities for parent education and collaboration. Community organizations also provide on-site programs and services at most schools and are active partners in promoting health and wellness.

Wellness Coordinators: Two school districts had at least one full-time position dedicated to the Wellness Coordinator role during the first year, filled by one individual or several individuals working as a team. All four districts anticipate having someone in this role, either part- or full-time, by fall 2011. HSI considers this a core component of the CSH model and provides the funding for these positions.

District Wellness Committees: All four districts have an active Wellness Committee in place. In each district, a nurse represents all schools as a member of the Wellness Committee. Most schools also reported site-level representation on the committee, including parents, teachers, and administrators.

Site Wellness Champions: HSI encourages each school to identify a Site Wellness Champion to advocate for policies and programs that support the health and wellness of its students. About half of the schools reported having a parent or teacher volunteer in this position, although these champions have little involvement with the District Wellness Committee.

Healthy School Environment

Physical Safety: Nearly all schools across the four districts reported that their campuses are pleasant and welcoming and most said that practices are firmly in place to ensure safe spaces for physical activities. Over half of the schools provide students with safe places to store their bikes during the school day, with room for improvements noted primarily in the high schools and BRSSD, where biking may not be practical because of steep hills. While many of the elementary and middle schools reported having a Walking School Bus or Safe Routes to School type program in place, most schools, including two high schools, cited a clear need for continued improvement in pedestrian safety and traffic management. One practice that schools in SCSD have implemented is monthly “San Car-less” days as a way of promoting pedestrian safety and active commuting to school.

Emotional Safety: Research shows that a physically and emotionally safe school environment contributes to a positive school climate and supports students’ development and academic growth.³ Nearly all schools reported that practices are in place to ensure an emotionally safe environment. This includes fair and consistent implementation of discipline policies, an emphasis on fair play, and staff promotion of pro-social behaviors. All schools reported promoting a climate that does not tolerate bullying and harassment and nearly all schools provide bullying prevention education, conflict resolution, and friendship or pro-social behavior counseling to students. Most schools also train teachers on these topics.

Over half of the 17 elementary and middle schools reported a need for more supervision at lunch, suggesting that this may increase both physical and emotional safety on the playground.

Physical Education (PE) and Physical Activity Programs

Physical Education: Across all three elementary districts, PE is taught primarily by classroom teachers, though in two RCSD community schools volunteer organizations provide some of this programming. Nearly all elementary and middle schools noted a need for additional support or improvement to the PE program. HSI considers increasing student physical activity a priority and currently funds PE staff positions in two districts. Over half of all schools also identified a need for additional PE and playground equipment to support this goal.

Professional Development Related to PE: Although half of all schools reported that staff receive professional development related to teaching PE, most schools also identified a need for more of this type of training.

Parent Education: About half of all schools offer parent education on the benefits of physical activity.

Recess: Two-thirds of elementary and middle schools reported that they do not have a policy that prohibits withholding recess as a punishment or to make up missed instructional time. Research suggests that taking recess away for academic or punitive reasons can have an adverse effect on children's physical and emotional development and may be counterproductive to achievement.⁴

While many schools have lunch activities in place, most elementary and middle schools identified a need to have more of such programs available for students to improve safety and to provide students with additional opportunities for physical activity.

After School Activity Programs: After school sports and physical activity programs are run at nearly all campuses; however, several schools suggested a need for increased student access to these programs, including more intramurals, scholarships to pay for participation, and additional physical activity programs for youth who do not play organized sports.

Student Physical Fitness: Physical fitness has been linked to academic achievement⁵ as well as positive physical and mental health outcomes.⁶ Research has also shown that minority and low-SES youth are not as likely to be physically fit as their peers.⁷ Across all four districts, schools that have more English Learners and higher rates of Free and Reduced Price Lunch eligibility had fewer students who met the Physical Fitness Test (PFT) standards for healthy weight and aerobic fitness (Appendix, Exhibit A.2).

Nutrition Services

HSI considers nutrition to be one of its key areas of focus and has hired a part-time nutritionist to work across all four school districts to enhance nutrition education, increase student access to healthy foods, and develop school gardening projects.

Nutritious Food: All schools provide nutritious foods to students at lunch, including a variety of low-fat and low-sugar foods and beverages. RCSD also offers fresh fruit and vegetable options as well as whole grain breads and pastas. Schools in RCSD and SUHSD also have a nutritious low-cost breakfast program available to all students through the federally-subsidized National School Breakfast Program.

Student Education: Although nearly every school provides student education about the benefits of healthy eating, most schools identified a need for more comprehensive nutrition education for students, including teacher access to relevant curriculum.

Professional Development: About a quarter of schools suggested a need for additional staff professional development related to nutrition education.

Parent Education: Most schools offer parent education on topics related to health and nutrition. Schools across all districts, however, identified a need to make more of these opportunities available.

School Gardens: Most schools reported having classroom or school garden projects on campus, though there is significant variation in size, maintenance, and use. Most schools in BRSSD and RCSD reported a need for support to enhance or add gardening projects and some also suggested a strong need to tie relevant curriculum and education to garden use.

School Policies and Practices Related to Nutrition: Most schools reported having policies that encourage healthy food for classroom celebrations, but less than half said they discourage use of food as a reward. Additionally, while research has suggested that scheduling recess before lunch leads to significantly more food and nutrient consumption and less food waste,⁸ no elementary or middle schools currently do this.

Health Services

Staffing: On-site health services vary widely across districts and grade levels. In RCSD and SUHSD, all schools reported having nursing available on-site to students at least 1-2 days per week. Schools in BRSSD and SCSD reported far less on-site access to the district nurse. The Teen Wellness Center, located at Sequoia High School, currently provides the most comprehensive services and is available to all youth ages 12-21 in the community five days a week. BRSSD and several high schools in SUHSD with limited student access to the Wellness Center reported the most need for additional on-site nursing services. HSI supports nurse and health aide positions with funding in most districts.

Services: Most schools in SCSD, RCSD, and SUHSD reported that the district nurse provides teacher professional development opportunities. Nurses in all districts also provide comprehensive referral services in addition to vision and hearing screens and administration of medication.

Asthma Awareness: In San Mateo County, nearly 16% of children between the ages of 5 and 17 (compared with 10% of children in this same age range across California) have been diagnosed with asthma.⁹ Just 20% of all schools teach asthma awareness to students and only one school offers asthma management education to parents. However, more than half of schools offer training to teachers on recognizing poorly controlled asthma.

Student Education: Sexual Health Education is taught in over three-quarters of the schools, including all middle and high schools. In addition, nearly half of the elementary schools provide lessons on issues related to puberty, healthy relationships, and abuse prevention.

Ninety percent of the middle and high schools provide alcohol and other drug (AOD) prevention education. Current guidelines for school-based substance use prevention suggest that efforts should begin in elementary grades, before students begin using substances.¹⁰ In fact, nearly all of the BRSSD elementary schools introduce this topic. These same elementary schools also reported educating students about tobacco, while 80% of the middle and high schools do.

Parent Education: Approximately half of the middle and high schools reported providing parent education on topics related to AOD and tobacco, almost exclusively at the middle and high school level. In BRSSD, one elementary school provides this type of parent education.

Counseling, Psychological and Social Services

Staffing: Availability of on-site mental health services varies across districts and schools. All four RCSD community schools reported having full-time counseling services on site, as did the middle schools in both SCSD and BRSSD. All four of the high schools that completed this section of the assessment have at least a part-time professional, usually supported by multiple counseling interns. Most of the elementary schools in SCSD and BRSSD have half-time counselors available to students. Mental health providers are employed by the school or district in BRSSD and SCSD and by San Mateo County and community based organizations in RCSD and SUHSD. HSI also supports mental health in all four districts with funding for staff positions and counseling programs.

Services: All mental health providers address a wide variety of issues and offer a range of services, including individual counseling, crisis intervention, student groups, and teacher consultation. Nearly half of the schools reported that mental health staff also provide teacher professional development. Across all four school districts, most schools indicated a need to protect existing mental health programs or add new staff and mental health services.

Student Education: Student education related to stress management and reduction is taught at about half of the schools, including all five high schools and all of the elementary schools in SCSD.

Professional Development Related to Mental Health: More than half of all schools train staff to identify abuse and neglect. About half of the middle and high schools train staff in responding to the needs of suicidal students, while just one elementary school reported doing this.

Parent Education: About two-thirds of all schools also offer parenting skills development opportunities to families. Nearly half suggested a need to offer more parent education related to youth social and emotional development.

Conclusion

Schools across all four districts cited common areas of strength and need and provide students with a range of programs that are well aligned with the Coordinated School Health Model. Nearly all schools reported that their campuses are safe and that they have policies in place to promote an environment that does not tolerate harassment or bullying. They also engage families and community organizations in a variety of health and wellness activities. One commonly identified need was enhanced communication and coordination of services. Another was improvement in nutrition education and programming, with an emphasis on increased collaboration, parent education, school garden projects, and teacher access to relevant curriculum. Schools across all districts also suggested a need to support and improve PE as well as increase physical activity programming at lunch-time. In addition, nearly all schools expressed a commitment to having mental health programming available to students on site and suggested a need to maintain or increase these services.

SHD's *Healthy Schools Initiative's* strategies and goals emphasize the same priority areas identified by these schools – nutrition, physical activity, mental health, and coordination of services. JGC will work closely with partners to articulate meaningful research questions that will guide the *Healthy Schools Initiative* study.

Notes

¹ Centers for Disease Control and Prevention. *Healthy Youth! Coordinated School Health*. Accessed online at <http://www.cdc.gov/HealthyYouth/CSHP/components.htm>.

² Centers for Disease Control and Prevention. *School Health Index: A Self-Assessment and Planning Guide*. Elementary and Middle /High school versions. Atlanta, Georgia. 2005;

YMCA of the USA. *Community Healthy Living Index - School Assessment*. Accessed online at <http://www.ymca.net/communityhealthylivingindex/tools.html>;

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³ Stewart, E. B. (2008). School structural characteristics, student effort, peer associations, and parental involvement: The influence of school- and individual-level factors on academic achievement. *Education & Urban Society*, 40(2), 179-204.

⁴ Ramstetter, C. L., Murray, R. and Garner, A. S. (2010), The crucial role of recess in schools. *Journal of School Health*, 80, 517-526.

⁵ London, R.A. and Castrechini, S. (2011). A longitudinal examination of the link between youth physical fitness and academic achievement. *Journal of School Health*, 81(7), 400-408.

Castelli, D. M., Hillman, C. H., Buck, S. M., & Erwin, H. E. (2007). Physical fitness and academic achievement in third- and fifth-grade students. *Journal of Sports & Exercise Psychology*, 29, 239-252.

⁶ Penedo, F., et al. (2005). Exercise and well-being: a review of mental and physical health benefits associated with physical activity. *Current Opinion in Psychiatry*, 18(2), 189-193.

⁷ California Department of Education. 2005. Physical fitness and achievement in California using 2004 test results.

⁸ Getlinger, M. J., Laughlin, C., Bell, E., et al. (1996). Food waste is reduced when elementary-school children have recess before lunch. *Journal of the American Dietetic Association*, 96, 906-908.

⁹ California Health Interview Survey (CHIS), 2007. *California Breathing, San Mateo County Asthma Profile, October 2010*. Accessed online at <http://www.californiabreathing.org/>.

¹⁰ Hanley, S., Ringwalt, C., Ennett, S., et. al. (2010). The prevalence of evidence-based substance use prevention curricula in the nation's elementary schools. *Journal of Drug Education*, 40, 51-60.

Appendix

Exhibit A.1: School-Level Demographics for 2009-2010

	Grade Levels	Student Enrollment	English Learners	Free or Reduced Price Lunch
Belmont-Redwood Shores School District				
Central Elementary	K-5	493	10.8 %	4.1%
Cipriani Elementary	K-5	394	10.4 %	4.5%
Fox Elementary	K-5	463	11.9 %	7.3%
Nesbit Elementary	K-5	513	22.2 %	13.8%
Ralston Intermediate	6-8	883	4.2 %	6.6%
Redwood Shores Elementary*	K-5			
Sandpiper Elementary	K-5	645	5.7 %	2.6%
Redwood City School District – Community Schools				
Fair Oaks Elementary	K-5	481	86.5 %	92.6%
Hoover Elementary	K-8	856	74.9 %	90.4%
Kennedy Middle	6-8	818	37.4 %	68.2%
Taft Elementary	K-5	561	78.3 %	89.5%
San Carlos School District				
Arundel Elementary	K-4	403	9.7 %	3.7%
Brittan Acres Elementary	K-4	445	8.1 %	7.7%
Heather Elementary	K-4	351	15.7 %	9.1%
White Oaks Elementary	K-4	382	3.1 %	1.0%
Central Middle	5-8	608	2.8 %	5.2%
Tierra Linda Middle	5-8	600	6.7 %	5.5%
Sequoia Union High School District				
Carlmont High School	9-12	2,111	10.6%	19.2%
Menlo-Atherton High School	9-12	1,945	17.7%	33.3%
Redwood Alternative High School	9-12	261	33.7%	59.4%
Sequoia High School	9-12	1,818	24.5%	46.3%
Woodside High School	9-12	1,835	18.9%	41.7%

Source: California Department of Education, Educational Demographics Unit. Accessed online at <http://dq.cde.ca.gov/dataquest/>.

*2009-2010 demographic data were not available for Redwood Shores Elementary.

Exhibit A.2: District-Level Physical Fitness Test (PFT) Results for 2009-2010

	5 th Grade		7 th Grade		9 th Grade	
	% at healthy weight	% meeting aerobic fitness standard	% at healthy weight	% meeting aerobic fitness standard	% at healthy weight	% meeting aerobic fitness standard
Belmont-Redwood Shores School District*	72.1%	74.2%	86.5%	95.5%		
Redwood City School District – Community Schools	57.7%	55.9%	58.3%	53.1%		
San Carlos School District	81.8%	78.4%	75%	77.4%		
Sequoia Union High School District**					73.8%	73.5%

Source: California Department of Education, Statewide Assessment Division, accessed online at <http://dq.cde.ca.gov/dataquest/>.

*2009-2010 Physical Fitness Test (PFT) data were not available for Redwood Shores Elementary.

**2009-2010 PFT data were not available for Redwood High School.



HeartSafe Program

Activity Summary for August & September 2011

HeartSafe Region Task Force Meetings (monthly)

Attend and participate in regional planning and support.

Software Upgrades for Cardiac Science Units

I am happy to report that this tedious project has been completed.

Placement of AED New Units

- 1) San Mateo County Lions Club (South County Emergency Response Team)
- 2) Woodside Road bicycle rest area

AED Maintenance of Existing Units (new batteries, electrodes, etc.)

- 1) Boys and Girls Club
- 2) Redwood City Parks and Recreation Department
- 3) Belmont Police
- 4) Notre Dame
- 5) Woodside Elementary
- 6) Woodside Fire
- 7) Redwood City Rotary
- 8) San Mateo County Attorneys' Office
- 9) San Mateo County Office of Emergency Services
- 10) Redwood City City Hall
- 11) Courthouse Square
- 12) Hoover Pool
- 13) Redwood City Main Library
- 14) Redwood City Public Works
- 15) Redwood Shores Public Works
- 16) San Mateo County Sheriff's Office

AED Placements In-Progress (application stage, site visits, training, etc)

- 1) Additional unit for the Town of Portola Valley

Miscellaneous

- 1) The new Woodside Road (bicycle rest area) AED tower project is fast approaching fruition. Construction of the pad and placement of the tower was completed in mid September and the technicians are close to finishing the project.
- 2) We are ready to assist in the purchase of up to six new Lucas Device units to the fire departments/districts within our geographic area. We are awaiting deployment recommendations from the fire chiefs.

Agenda Item 5.a
Board of Directors Mtg. 10-5-11

To Board of Directors

Introduction:

Mission Hospice is interested in sharing with our Board their initial plans for a new community based hospice facility. Dwight Wilson, Executive Director, will attend the October 5th Board meeting.

To better familiarize you with Mission Hospice, I have enclosed a copy of their recent grants report.

Lee Michelson

**FINAL GRANT REPORT: ONE-YEAR GRANT
SEQUOIA HEALTHCARE DISTRICT
COMMUNITY GRANTS PROGRAM 2010-2011**

Grantee Organization Name: Mission Hospice of San Mateo County

Program or Project Name: Transition Services for Older Adults

Grant Amount: \$25,000

Beginning and End Dates of Grant Period: July 1, 2010 through June 30, 2011

Contact Person: Dwight Wilson, R.N., CEO, (650-554-1000)

Date: August 1, 2011

1. Objectives of the grant and progress towards these objectives

During the grant period (July 2010 – June 2011), we have served 93 Transitions patients, 32 of whom are from the Sequoia Healthcare District catchment area. We have also admitted 39 new patients, 17 of whom are from the Sequoia Healthcare District catchment area. Over the 24 months we have received support from the Sequoia Healthcare District, we have served 132 patients, 49 of whom have come from the catchment area.

During the grant period, we opened our new Advanced Care (home health care) program to serve patients who require medical care for a life-limiting illness but are not yet ready or eligible for hospice care. This program complements our Transitions program by providing a full range of medical services during the last year of life. During the grant period, we have served 41 home care patients, of whom 19 reside in the Sequoia Healthcare District catchment area. We have discharged a number of patients from our Advanced Care to our Transitions program so we can continue to monitor and maintain contact with this at-risk population, even as their medical needs subside. We also transferred 22 patients from the Transitions program into Hospice care during the life of the grant. [Any patients that went from Transitions to Advanced Care?]

In October 2010, we trained another 14 volunteers, six of whom were recruited during our faith-based outreach to churches in East Palo Alto and Menlo Park. In March 2011, we trained another 7 volunteers. The board of directors established a Faith-Based Committee to expand our outreach program to additional churches throughout San Mateo County. We anticipate that such outreach will increase congregational use of both the Transitions and Advanced

Care programs during 2011. As part of the current grant, we have hired a Faith-Based Outreach Coordinator to liaise with the African-American Community. We were unable to set a time to train Spanish speaking volunteers due to multiple logistical reasons, including our inability to find content experts able to present in Spanish. We will, however, successfully sponsor a workshop on August 11, 2011 entitled "Dejar Ir Con Amor" (English translation?) for the Latino community (brochure attached).

As part of our program, we are providing training opportunities for three social work students this year from San Francisco State University. We also provided a summer internship for a social work student. Further, we participated in a grant-funded program to provide 5 residency slots for nurses who had not found a job in this difficult market. Finally, we hired a new physician who will provide medical supervision for all of our programs, including the Transitions program.

2. Able to complete the grant objectives by the end of the grant period

We were able to meet all the objectives as outlined in the grant proposal except for providing a training program for Spanish speaking individuals.

3. Progress differ from the timeline in the grant proposal

We are on schedule with our timelines. We successfully opened our home care program during this grant period, and we will be evaluating how this new program will impact the use of our Transitions program. We believe that the use of Transitions will increase, as it is our only program not tied to a reimbursement source (e.g. Medicare, MediCal, or insurance). [Is it because it's not tied to a reimbursement source or because it's offered free for patients?] We have participated in two health fairs to date and expect to participate in at least two additional fairs in the future. Finally, we plan to extend our outreach to additional churches throughout San Mateo County.

4. Achievement of Measureable outcomes

We met all of our goals except for the training goal previously mentioned. We trained 21 volunteers in both of our training program. We have maintained excellent working relationships with the church communities up and down the Peninsula. We have one board member who is a Pastor of a church in San Mateo and also ia high school counselor at Sequoia High School.

Referrals to our Transitions program have remained steady, and we have seen an increase in the number of patients with cancer and end-stage heart disease through our home care program.

5. Unexpected Problems

Change comes slowly for some of our church communities. This is especially true of the African-American churches with which we have interacted. Given the ongoing challenge with outreach to this community, we hired an outreach coordinator partially funded by our current grant with the Sequoia Healthcare District. We were unable to offer a training class to the Latino community, but we will offer a week-long forum [on what?] in August. Our Faith-Based Committee has been an exceptional resource, and we are finding increased receptivity from the faith-based community to the discussion of end-of-life issues.

6. Future Plans

We are integrating our Hospice, Home Care and Transitions services into a cohesive Palliative Care program that will serve patients during the last year of life. We are also undertaking a feasibility study to determine our capacity to build and operate a Hospice House for those individuals who have complex or acute symptom management needs.

7. Anything else

We have applied and expect to receive JCAHO accreditation process for our Home Care and Hospice programs within the next couple of months. We hope to expand our Palliative Care program to include end stage respiratory diseases. Finally we hired our Faith-Based Outreach position for the current grant period and it will be interesting to see how this person is received by the local churches.

Grants Committee Report- October 2011

The Grants committee met on September 23, 2011 to discuss plans for this years grants cycle. The committee consists of two Board members: Griffin and Shefren, five community members: Marie Violet, Don Horsley, Ruth West-Gorrin, Tom Mohr and Karen How and two staff members: Michelson and Kurtzman. Everyone was in attendance but Ms. West-Gorrin.

The committee met to review current procures and policies and to consider making adjustments such as allowing organizations to be funded for more than one program. We also discussed making improvements to our application system, our evaluation/measuring system and grading system. Additionally, we discussed devising strategies that will foster collaboration among grantees.

We reviewed a proposal from ASR consulting which specializes in working with granting organizations on defining measures and evaluation criteria. The committee was generally interested in further exploring the proposal. Mr. Michelson was asked to obtain copies of final reports that ASR have completed with other funding organizations and to also talk with similar consulting firms.

The committee is dedicated to developing the best program possible that will allow us to be confident that we are making the right funding decisions for the right amount of money.

If the grants committee decides to work with a consulting firm on evaluation it will pay for these expenses from the grants administration line item. No new money will be requested from the Board. If it chooses not to use a consultant, staff will lead this effort.

SEQUOIA HEALTHCARE DISTRICT MISSION STATEMENT

Sequoia Healthcare District's mission is to improve the quality of life for all District residents by enhancing access to healthcare services and by supporting and encouraging programs and activities designed to achieve health, wellness, and disease prevention.

Revised Strategic Plan Goals

GOAL 1 MANAGING DISTRICT ASSETS - Assure the ongoing prudent oversight and management of District assets

Goal 1 A – Develop a three-year revenue projection

Goal 1 B – Develop qualitative and quantitative outcome measures to ensure investments are providing desired results per District investment policy.

Goal 1 C – Develop and maintain regular reporting tools to provide District residents with a “report card” of the financial results and program performance of supported services.

Goal 1 D – Per terms of Development Agreement, assure good stewardship of Sequoia Hospital.

GOAL 2 IMPROVING HEALTH AND HEALTHCARE - In concert with others, demonstrate leadership to assure adequate access to modern, high-quality healthcare services.

Goal 2 A – Work in collaboration with others to identify healthcare needs and ways to enhance District supported healthcare services.

Goal 2 B – Continue to evaluate most effective forum for soliciting direct input of District residents.

Goal 2 C – Use SMCO Community Needs Assessment as a basis to assist in identifying the needs not being addressed by healthcare providers and governmental entities.

GOAL 3 INTEGRATED EXECUTION - Assure that high-quality healthcare services are provided either directly or indirectly through other area resources by facilitating communication and collaboration.

Goal 3 A – Establish tracking and reporting process of identified healthcare needs and service response.

Goal 3 B – Identify District’s staffing needs

Goal 3 C – Conduct regular forums with providers including Sequoia Hospital, SMCO Medical Associates and others to identify areas for greater collaboration and coordination of effort.

GOAL 4 GRANT PROGRAM DEVELOPMENT - Provide for the ongoing support and development of grant programs that address priority healthcare needs.

Goal 4 A – Evaluate the effectiveness of measures to evaluate grantee performance.

Goal 4 B – Coordinate grants procurement and distribution activity with other community organizations.

Goal 4 C – Maintain and communicate a grant program development process.

Goal 4 D – Research opportunities to solicit outside grant funds that will complement District grants.

GOAL 5 COMMUNITY AWARENESS - Heighten District residents’ understanding of SHD’s ongoing commitment and active involvement in addressing health and healthcare improvement.

Goal 5 A – Use news releases, the District’s website, community meetings/forums and other communication vehicles to raise District residents’ awareness of what District does.

Goal 5 B – Solicit testimonials from District beneficiaries to highlight impact of District commitment on community

Goal 5 C – Assess the effectiveness of establishing electronic and physical mail lists

Goal 5 D – Implement annual report

Chronic Disease Management Program –Request for Funding

The staff of Sequoia Healthcare District is requesting funding of up to \$25,000 to develop and manage a one year pilot chronic disease management program. This program would use the Stanford University chronic disease curriculum that is offered world-wide and has a long history of proven success.

The District program would have a goal of enrolling 100 students by June 2012. To accomplish this total of eight six- session classes would be offered both at District headquarters and at various sites in the community including senior centers, libraries and business settings. Sessions would be offered during the day, in the evening and on weekends. Each class lasts about 2 and one half hours for a total of 15 hours per session.

Students consist of adults who either have a chronic disease or are care givers of someone with a chronic disease. This is a free program however students are asked to commit to attending all sessions. Most sessions are offered once per week. There are two instructors per class, each of whom also have a chronic disease or are caregivers. Instructors are referred to as leaders and have completed a special training required to be a leader.

Currently, the District is funding Edgewood Family Center to offer this program in our community however they are only reaching about 40 students per year or about 40 percent of our goal. Kaiser also offers this program to their members.

The District would leverage our relationships with community non-profits to identify and enroll students. We already have commitments from several such as Peninsula Volunteers, Friends of Veteran's Memorial Senior Center and Peninsula Family Services to assist with outreach and logistics.

The District would hire a part-time consultant to manage the program. The consultant would report to the District CEO who has attended leadership training and is familiar with the operations of the program.

It is estimated that there are at least 30,000 District residents living with chronic disease. The goal of the program is for students to become better self-managers of their disease and less dependent on medical professionals. The basic philosophy is that though many of these diseases cannot be avoided or prevented, people can learn techniques to better manage them so they do not significantly restrict their lives. As a general rule, students are age 55 and up but younger residents are also encouraged to participate.

As a side note, The Health Trust started managing their own program in Santa Clara County five years ago and they are now up to 500 participants per year and have just launched an on-line version of the course.